**STUDENT RECORD REVIEW**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ # Years in School District: \_\_\_\_\_\_\_

IEP: Yes No 504 Plan: Yes No LEP: Yes No Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendance:** Identify number of days absent at each grade level

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ 5th \_\_\_\_\_ 6th \_\_\_\_\_ 7th \_\_\_\_\_ 8th \_\_\_\_\_ 9th \_\_\_\_\_ 10th \_\_\_\_\_ 11th \_\_\_\_\_ 12th \_\_\_\_\_

Identify any absence patterns:

Grades repeated (indicate # of times):

**Test Results**

Attach copies of district wide test results for past three years. Describe any significant changes in scores over time:

**Grades**

Attach current and previous year’s grades. Discuss any patterns or evident problems:

**Evaluations**

Are there any comprehensive educational/psychological evaluations available? Yes No

If yes, were services recommended? Yes No Describe any services provided:

**Discipline**

Attach disciplinary actions for current year. Describe any patterns:

Current Year Last Year

# Days in-school alternate program \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

# Days suspended \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Support Services**

Discuss student involvement with other agencies (state agencies, medical, counseling, courts)

**Health Factors**

Have any health factors been identified which may contribute to student’s school problems? Yes No Describe:

Are there any references to substance abuse? Yes No Explain:

**Past Interventions**

List and give dates of any past modifications in instructions or behavior management (e.g. tutoring, Title 1: instructional modifications; 504 Plan: IEP):

**Current Interventions**

Person Conducting this Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date this Review Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date last modified: 3/5/13